



Employee Needs Assessment

Concerns and Perspectives

1. How often do you feel you are successfully balancing work/family commitments? (Please circle the appropriate response).

a. Always b. Most of the time c. Some of the time d. Rarely e. Never

2. To what extent do you believe your ability to balance your work/family responsibilities affects the following work issues? (Please circle the appropriate response following each issue).

a.	Punctuality	Very little	1	2	3	4	5	Very much
b.	Productivity	Very little	1	2	3	4	5	Very much
c.	Morale	Very little	1	2	3	4	5	Very much
d.	Absenteeism	Very little	1	2	3	4	5	Very much
e.	Quality of work	Very little	1	2	3	4	5	Very much
f.	Likelihood of quitting job	Very little	1	2	3	4	5	Very much
g.	Likelihood of being fired	Very little	1	2	3	4	5	Very much
h.	Other, please explain							

3. Does your current work environment have a positive, negative, or neutral impact on your ability to balance work/family responsibilities? (Please, circle the appropriate response).

a. Positive b. Negative c. Neutral

4. Do you believe that your employer is aware of your needs when it comes to work/family concerns? (Please circle the appropriate response).

a. Yes b. No

Child Care Issues

If you do not currently have any children 18 years or younger, skip to question 24.

5. How many children do you currently have in the following age groups?

of children

a.	_____	Infants (newborn – 18 months)
b.	_____	Toddlers (18 months – 3 years)
c.	_____	Preschool (3 years – 5 years)
d.	_____	Kindergarten (5 years – 6 years)
e.	_____	Elementary (6 years – 12 years)
f.	_____	Teenagers (13-18 years)

6. Over the last 12 months, have you needed child care for any of your children while at work? (Circle your response).

a. Yes

b. No

7. Check all the ways in which care was provided for your children.

_____ Full day care

_____ Half-day care

_____ Before/after school care

_____ Night or weekend care

_____ (while parents works)

_____ Back up or emergency care

_____ Sick care

_____ Full-day care (summers only)

_____ Half-day care (summers only)

_____ Other (explain) _____

8. Check all the ways in which care was provided for your children.

_____ Relative in our home

_____ Non-relative in our home

_____ In relative's home

_____ Child Care Center

_____ Family Child Care Home

_____ Other (describe) _____

9. Did you get all the child care you needed in the past 12 months? (Circle your response).

a. Yes

b. Some

c. No

10. If you couldn't get all the child care you needed, please explain why (Check all that apply).

_____ The cost of care was too high.

_____ Couldn't find anyone to care for my children.

_____ Care was too far away.

_____ My child has special needs that couldn't be accommodated.

_____ Care wasn't available when I needed it.

_____ Other (explain) _____

11. Please circle the number following each item below according to what concerns you most about your child care situation.

- | | | | | | | | | |
|----|---------------------------------------|-------|---|---|---|---|---|------|
| a. | Finding care that meets my hours | Least | 1 | 2 | 3 | 4 | 5 | Most |
| b. | Being able to afford the care I want | Least | 1 | 2 | 3 | 4 | 5 | Most |
| c. | Reliability of my caregiver(s) | Least | 1 | 2 | 3 | 4 | 5 | Most |
| d. | Quality of the child care environment | Least | 1 | 2 | 3 | 4 | 5 | Most |
| e. | Finding a convenient location | Least | 1 | 2 | 3 | 4 | 5 | Most |
| f. | Safety issues | Least | 1 | 2 | 3 | 4 | 5 | Most |
| g. | Trying to make emergency arrangements | Least | 1 | 2 | 3 | 4 | 5 | Most |
| h. | Other, please explain _____ | | | | | | | |

12. About how many total hours per week are your children in child care? _____

13. What is the average amount per week that you pay in child care? _____

14. a. always b. usually c. Sometimes
d. Never

15. Where are your current child care arrangements located (Circle your response).

- a. Close to home b. Close to work c. Close to both
d. Away from both e. Other, please explain _____

16. Check all of the following options that you currently need or will need in the near future:

- | | | | |
|-------|------------------------|-------|--------------------------|
| _____ | Care close to home | _____ | Licensed day-care home |
| _____ | Care close to work | _____ | Care for early mornings |
| _____ | Special needs care | _____ | Care for evenings/nights |
| _____ | Affordable care | _____ | 24 hours care |
| _____ | Care for sick children | _____ | Care on weekends |
| _____ | Summer camp | _____ | Emergency back-up care |
| _____ | Vacation programs | _____ | All day pre-school |
| _____ | Recreation programs | _____ | After school program |
| _____ | Bilingual care | _____ | Before school program |

17. Have you limited your work hours because you can't find adequate child care? (Circle your response).

- a. Yes b. No

18. Do you often worry about your children at home alone after school? (Circle your response).

- a. Yes b. No

19. Have you had to take time off from work because of problems with child care? (Circle your response).

- a. Yes b. No

20. Listed below are a number of ways that businesses can help employees with their child care problems. Check all options that you think this business should consider.

- ☐ Free lunch-time seminars on parenting and child care
- ☐ Provide information on local child care homes and centers
- ☐ Job sharing – two employees “share” a full time position
- ☐ Allow employees time off from work following childbirth
- ☐ Flex-time – adjusted arrival and departure times to meet family’s schedule
- ☐ Allow employees to use paid sick leave to care for sick children
- ☐ Child care program for children who are mildly ill or recovering from an illness
- ☐ Child care center for children of employees at or near your work site
- ☐ Financial support for child care as part of the benefits package
- ☐ IRS-approved plan to pay for child care with pre-tax dollars
- ☐ Child care program before and after school hours and on school holidays and vacations
- ☐ Spaces reserved in a child care center or home for employees’ children
- ☐ Employees receive a discount on the regular fee charged for child care at a center or home

21. Which of the above three child care options are the most important to you?

1. _____
2. _____
3. _____

Demographics

22. Age _____

23. Gender _____

24. Zip Code of home address _____

25. Marital Status (Circle your response).

- | | |
|-------------------------------|-----------------------|
| a. Married or living together | b. Divorced/separated |
| c. Single | d. Widowed |

26. Total Family Income _____

27. Please list any other concerns or comments about child care.